

JENNIFER M. GRANHOLM

DEPARTMENT OF COMMUNITY HEALTH LANSING

JANET OLSZEWSKI DIRECTOR

Advisory Committee on Pain and Symptom Management Meeting Minutes

November 9, 2006

Members in attendance: Representing/Appointed By:

Jack Gobetti, D.D.S.

Frenchie McCall, L.M.S.W.

Karen Ogle, M.D.

John Pappas, M.D.

Claire Saadeh, R.Ph.

Michigan Board of Dentistry

Chronic Pain Sufferer/Governor

Michigan State University/Governor

Michigan Board of Medicine

Michigan Board of Pharmacy

Robert Zalenski, M.D. Wayne State University/Governor

Members absent:

Daniel Clauw, M.D. University of Michigan/Governor

Dennis Dobritt, D.O. Michigan Board of Osteopathic Medicine and Surgery Edward Haughn, D.O. Michigan Board of Osteopathic Medicine and Surgery

Lawrence Prokop, D.O. Michigan State University/Governor

Maria Silveira, M.D. Michigan Hospice and Palliative Care Assoc./Governor

Visitors in attendance:

Jeanne Lewandowski, M.D., Western Michigan University Jeff Towns, Michigan Hospice and Palliative Care Association

Department staff in attendance:

Melanie Brim Robert Ulieru Michael Wissel, R.Ph. Steven Creamer Perry Bell Doreen Lyman Katherine Lum

Meeting was called to order at 10:05 a.m.

Welcome and introductions:

Melanie Brim, Director, Bureau of Health Professions, introduced herself and requested ACPSM members and department staff to introduce themselves.

Role of the Committee:

Brim advised the committee of their role and reviewed the applicable statute that created the committee, their duties and responsibilities. She provided an overview of the previous committee (1999 to 2001), its subcommittees, their accomplishments and what the current committee will need to accomplish. Pain management curriculum in educational institutions, continuing education requirements that pertain to pain management, the development of new recommendations and preparation of a report by November 2007 were specified.

2002 Pain Management Report (status of the 2001 recommendations):

Brim reviewed a report that outlined the 18 recommendations of the previous committee and the current status of those recommendations. Since some of the recommendations were not implemented, she asked the committee to think about those recommendations and whether or not those recommendations should be reconsidered by the current committee.

One of the recommendations (#8), pertaining to promulgating rules for at least 1 hour of continuing education as a condition of license renewal prompted some discussion. Brim briefly explained the Continued Competency Program, a recent initiative by the department for professions that do not currently require continuing education as a condition for license renewal.

Pappas shared that physicians certified by the American Board of Anesthesiology and the American Board of Pain Medicine, must take a recertification examination every 10 years in order to maintain their certification.

Gobetti indicated that some dental specialists, orthodontists for example, do not believe they need additional education in pain management because their patients do not routinely experience pain, while other specialists, such as oral surgeons, stay on top of the current pain management treatments because their patients almost always experience pain in varying degrees.

Pappas indicated that if the committee considered promulgation of more rules regarding continuing education, that they should consider the American Board recertification examinations in that process.

Another topic discussed was whether or not the department files administrative complaints against licensees who fail to provide adequate pain management for their patients. Brim explained that if a legitimate allegation about inadequate pain management is received, the department usually charges the licensee with

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negligence/incompetence, since the Michigan Public Health Code does not specifically address under treatment of pain as a violation.

University of Wisconsin's Pain Policy Report Card:

Achieving Balance in State Pain Policy – A Progress Report Card, published by the University of Wisconsin School of Medicine and Public Health, was briefly discussed. The report "grades" states on their pain management policies and initiatives. They graded only two states; Michigan and Virginia, with an "A". Brim noted that Michigan's grade was a direct result of the changes implemented by the recommendations of the previous ACPSM and the Commission on End of Life Care.

Advisory Committee Deliverables:

At the end of one year, an update on the recommendations and current initiatives made in the 2002 report should be completed.

At the end of two years, a comprehensive report with accomplishments and new recommendations should be completed.

2007 Meeting Dates:

The following dates were established for the next calendar year:

February 8, 2007 May 17, 2007 August 16, 2007 November 15, 2007

Next Steps:

Ogle suggested that the National Association of State Medical Boards guidelines on pain management appear on the agenda for the next meeting.

Brim wants to get more information out to the public about the bureau and how to file an allegation if their healthcare provider neglects to provide them with adequate pain management. She will contact the Citizens Advocacy Center regarding this.

Jeff Towns offered to provide information about the End of Life Care Commission for the next meeting.

Brim suggested that it would be helpful to review reports generated by the MAPS database and asked Wissel to prepare something for the next meeting.

Brim indicated that staff from the Cancer Prevention and Control Section planned on attending the next meeting and will appear on the agenda.

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Polling the medical and nursing programs in the state to determine how much pain management material is included in their curriculum was discussed. It was determined that polling the dental, pharmacy and psychology programs would be helpful as well. Ogle indicated that she has some survey tools and will send them to Brim.

ourned at 11:45 a.m.		
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